C A L I F O R N I A **Victim Compensation Program**	**Application/Bill Status Request Form**

This form is to be used for requesting the status of applications or bills that have been submitted to the Victim Compensation and Government Claims Board, Victim Compensation Program. **Please fax this request to (916) 491-6417.**

Please provide the following information for staff to research the status of an application or bill. Thank you for printing legibly. Feel free to use additional sheets as necessary. *NOTE: Agency staff please complete shaded areas.*

Application Number	Claimant Name	Date of Service	Bill Amount	App. Status	Bill Status	Authorized Date	Authorized Amount

Provider Information

Provider Name: _____ Tax Identification Number: _____

Name of Requestor	
Job Title	
Telephone Number	( )
Fax Number	( )

Researched by	
Response Date	
Person Contacted	

Information on this form is intended for the single requestor listed above. All claims filed with the California Victim Compensation Program (VCP) are confidential. Except as required by law, information such as the identity of an applicant, the existence of a claim, the status of a claim or other details regarding the claim can only be disclosed with the written permission of the applicant. Disclosure of confidential VCP information to unauthorized parties is a violation of California law.